U.S. Department of Justice

Immigration and Naturalization Service

Document Verification Request Supplement

TO BE COMPLETED BY THE SUBMITTING AGENCY						
To:	Immi	grati	ion and Naturalization Service	Date:		
App	licant	's Na	ame (Last, First, Middle)	-		
Soci	al Sec	urity	y Number	-		
				_		
Alie	n Regi	istra	tion Number or I-94 Number			
FROM: Typed or Stamped Name and Address of Submitting Agency				Telephone ()		
	Complete the following items: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7					
For	· SSA	Us	e Only: ☐ Show 8/22/96 status in #1.J. Alleged 8/22/96			
			TO BE COMPL	ETED BY INS		
		e do a. b. c. d. f. g.	removal has been withheld under section 241(b)(3). Date deportation or removal ordered withheld: Alien paroled into the United States under Section 212(d (Complete Items 3 and 4 below.) Conditional Entrant pursuant to Section 203(a)(7) of the American Indian born in Canada to whom the provisions Cuban/Haitian Entrant as defined in Section 501(e) of the (Complete Item 3 below.)	atus from one of those statuses in the past 7 years.) of the INA. (Complete Item 2 below.) below.) of 243(h) of the INA (as in effect prior to April 1, 1997) or whose (I)(5) of the INA for a period of at least 1 year. INA in effect prior to April 1, 1980. of Section 289 of the INA apply. e Refugee Education Assistance Act of 1980. eign Operations, Export Financing, and Related Programs		
2.	2. Date alien entered the United States:					
3.	<u> </u>					
4.						
5.	5. CITIZEN STATUS: This document appears valid and relates to a United States citizen.					
6.	 SPECIAL BENEFIT PROVISIONS FOR CERTAIN VICTIMS OF ABUSE: a. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or widow(er) of a U.S. citizen. b. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or unmarried son or daughter of a lawful permanent resident alien. c. This alien did not obtain status as described in (a) or (b). 					

TO BE COMPLETED BY INS

7.

AFFIDAVIT OF SUPPORT □ a. This alien was sponsored on Form I-864, Affidavit of Supposervice receipt date (Complete	port, under Section 213A of the INA. Item 3 on page 1.)
Service receipt date (Complete b. This alien was <u>not</u> sponsored on Form I-864.	
Name of Sponsor	Name of Joint Sponsor (s) (if any)
Sponsor's Social Security Number	Joint Sponsor's Social Security Number
Sponsor's Address	Joint Sponsor's Address
	☐ See attached for information on additional joint sponsor(s).
	INS Stamp

* This supplement may be used in conjunction with Form G-845 to request verification; it cannot be used alone. It reflects information that may be relevant to eligibility for Federal, State, and local public benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.